Client Billing Statement

Bill To:

_____

_____

_____

Statement Date:

_____

Statement #:

_____

Prepared By:

_____

Due Date:

_____

Date	Description	Hours/Qty	Rate	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal

_____

Tax

_____

Total Due

_____

Notes / Terms:

_____

_____

_____